Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	· /	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NOMBER.	A. BUILDING: 01			
		HAL060165	B. WING			R 13/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
SUNRISE	ON PROVIDENCE					
			TTE, NC 2822			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	ON SHOULD BE COMPLET HE APPROPRIATE DATE	
{C 000}	Initial Comments		{C 000}			
	Report of a Biennial Construction Section Survey by Tod Hancock conducted on February 13, 2024.					
	Deficiencies were cited that require a Plan of Correction.					
{C 189}	Building Equipment Maintained Safe, Operating		{C 189}			
	mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER Id all fire safety, electrical, umbing equipment in an adult maintained in a safe and				
	maintain the buildin a safe and operatin maintain protection in the 1996 NCSBC residents in the sm and fire are not con Hazardous areas lis 409.1.5 are require	vation there is a failure to ag's fire safety components in ag condition. The failure to from hazardous areas listed Table 409.1.5 could affect all oke compartment if smoke atained in the area of origin. sted in the 1996 NCSBC Table d to have doors that are matically closing upon				
		equired by the 1996 NCSBC g provided by the doors from				

STATE FORM

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					E SURVEY PLETED	
			A. BUILDING: 01			R
		HAL060165	B. WING			n 13/2024
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
UNRISE	ON PROVIDENCE		OVIDENCE RO DTTE, NC 2822			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF PREFIX (EACH CORRECTIVE AC' TAG CROSS-REFERENCED TO DEFICIENC		TION SHOULD BE COMPLE THE APPROPRIATE DATE	
{C 189}	Continued From page 1		{C 189}			
	the Bistro to the Dining Room. These doors are not self-closing					
	 3. Based on observation there is a failure to maintain the buildings fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated walls, ceilings and doors could allow fire and smoke beyond the area of origin. Findings on February 13, 2024: I. Room 127. There is a gap at the top the of 		a			
	door.					

MGK422